

Document 1a: Referral Form

Request for a Child Safeguarding Practice Review

Before submitting the referral, please check the criteria in appendix 3 of this form.
 Once completed, please send this form to: zoe.gartland@n-somerset.gov.uk

1. Referrer

Name:		Email:	
Role:		Tel:	
Agency:		Date submitted:	

2. Details of child or young person

Name of child:		Date of birth:	
Home address:		Date of death or critical incident:	
Carer:		Location of incident:	

Ethnic origin:		
(A) White	(B) Mixed	(C) Asian or Asian British
<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White Background	<input type="checkbox"/> Asian and White <input type="checkbox"/> Black African and White <input type="checkbox"/> Black Caribbean and White <input type="checkbox"/> Any other mixed background	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background
(D) Black or Black British	(E) Other Ethnic Groups	(F) Not Declared
<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background	Please specify	<input type="checkbox"/> Not Declared

Faith:		Disability:	
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Child protection plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Has been <input type="checkbox"/> Not known
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3. Composition of family and significant others

Name	Relationship to child	DoB	Address	Ethnic origin
Add rows as needed				

4. Rapid Review criteria

Please demonstrate how you believe the criteria for a Rapid Review to be met. The criteria can be found in **Appendix 1**.

Criterion	Yes	no
Is the child deceased?	<input type="checkbox"/>	<input type="checkbox"/>
Is the child seriously harmed (please describe below)?	<input type="checkbox"/>	<input type="checkbox"/>
Is abuse or neglect <u>known</u> or <u>suspected</u> to be a cause of the death or harm to the child?	<input type="checkbox"/> Known	<input type="checkbox"/>
	<input type="checkbox"/> Suspected	
Is there a cause for concern as to the way in which agencies or other relevant persons have worked together to safeguard the child?	<input type="checkbox"/>	<input type="checkbox"/>

5. Summary of events

Please provide a summary of the events leading to the death or harm caused to the child, making clear why you believe that these circumstances meet the criteria for SCR.

6. Other information

If you are aware of any other agencies involved in the care of this child, please list below:

Name	Agency	Contact details	Are they still involved?
Please add rows as needed			

If you are aware of any other processes that this case is currently subject to, ie. Coroner's inquest, Child Death Overview Panel, criminal proceedings, etc. please list below:

Process	Current status